S Department of Labor Office of Labor Management Standards
Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT	
E US	
(C) Section (C) Se	
1 File Number U 10537	2 Fiscal Year Covered From
	7/1/04 Through 8/31/34
3 Name and address of person filing	4 Name file number and address of labor organization
Name Charles IT Rinoldo	Name Millwrights Loca. 1163
	Labor Organization File Number 056131
PO Box Bldg Room No If any	P O Box Building and Room Number if any
Street 1165 County Route 53	Street 3247 Vickery Road
City Oswego	city Syracuse
State New York ZIP Code +4 13126	State New York ZIP Code +4 13212
5 Position in labor organization Russian Russian Section 15	
Business Manager/ Financial Secretary	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income
Name	3
Trade Name if any	
Trace Name it any	
PO Box Bldg Room No If any	
	7 b Amount
Street	
City	
State ZIP Code + 4	
Signature	
15 Signature and venfication The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Charles Tameloo	On 8-/5-04 315-343-1317  Date Telephone Number
1	

Name of Person Filing	File Number U
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicated with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent or rectly to or otherwise
8 Name and address of Business (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  Ctty	9 Business deals with  a Labor Organization b Trust c Employer
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name  Name  Trade Name if any  P O Box Bidg Room No if any  Street  City  B 1   C   C   C   C   C   C   C   C   C	11 a Nature of such dealing  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name Construction Employers Assoc Of Central NY Inc.  Trade Name if any  PO Box Bldg Room No if any  Street 6563 Ridings Road  City Syracuse, NY  State New York ZIP Code + 4 [[3206]	14 a Nature of payment  Accepted Invitation to Annual  Clambake
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment Clambake Ticket \$5000